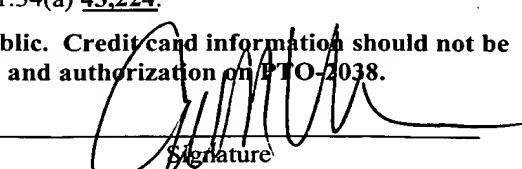


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 111325-81 (250100)
CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)] I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.	In re Application of: Xin WANG	
	Application Number: 09/468,747	Filed: December 21, 1999
For: SYSTEM AND METHOD FOR PROTECTING DATA FILES BY PERIODICALLY REFRESHING A DECRYPTION KEY		
Group Art Unit: 2132	Examiner: Kim W. Jung RECEIVED OCT 20 2004 Technology Center 2100	
Signature: _____	Name: _____	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and appropriate entity fee are as follows (check time period desired):		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110) \$ _____ <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$215/\$430) \$ _____ <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$490/\$980) \$ 980.00 <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$765/\$1530) \$ _____ <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1040/\$2080) \$ _____		
<input type="checkbox"/> Applicant claims small entity status. <input type="checkbox"/> A check to cover the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380</u> . I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>43,224</u> .		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
<u>October 14, 2004</u> Date		 Signature Carlos R. Villamar Typed or printed name
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of _____ forms are submitted.		

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